

<b>NWS CHANGE FORM PART A</b>			1. DATE SUBMITTED <del>4/3/2000</del> 4/6/2000	
This form is in three parts. Submitters must complete unshaded blocks in Part A and as much of Part B as possible. WSH will complete Part C (implementation details). If there is no specific required change date, enter 60 days from date submitted. Address questions to NWS Change Management at (301) 713-1373. Submit change requests to the NWSRC mailbox (External: NWSRC@noaa.gov).				
2. ORIGINATOR OFFICE Office of Hydrology		3. SUBMITTING AUTHORITY Name: George Smith Routing Code: W/OH		4. COGNIZANT TECHNICAL INDIVIDUAL Name: Jeff Zimmerman Routing Code: W/OH2 Phone: 713-0624 x153
5. ORIGINATOR TRACKING NUMBER				7. WSH TRACKING NUMBER  <b>NWS 577</b>
6. SYSTEMS AFFECTED BY CHANGE <input type="checkbox"/> DATA PRODUCTS (Complete Data Products Supplement) <input type="checkbox"/> ASOS <input checked="" type="checkbox"/> AWIPS <input type="checkbox"/> CRS <input type="checkbox"/> NEXRAD <input type="checkbox"/> OTHER (specify) _____				
8. TITLE OF CHANGE Procure and Install an LDAD for the NHO-R System				
9. TYPE OF CHANGE <input checked="" type="checkbox"/> HARDWARE <input type="checkbox"/> SOFTWARE <input type="checkbox"/> DOCUMENTATION ONLY			10. SITES AFFECTED (Attach Part B, Page 2, if needed)  NHO-R	
11. STATEMENT OF REQUIREMENT, PROBLEM, OR DEFICIENCY OF EXISTING SYSTEM (Include problem report reference numbers.)  Because of budget constraints, the NHO-R AWIPS system was delivered without a Local Data Acquisition and Dissemination (LDAD) component. This component is critical to the ability to use the NHO-R as a computational backup facility for RFC operations.				
12. KNOWN OR PROPOSED SOLUTION (Include source and description of new features or data products.)  Direct PRC to procure and implement an LDAD for the NHO-R. OH has available funding for this effort.				
13. ALTERNATE SOLUTIONS  None considered.				
14. REQUIRED CHANGE DATE		15. RATIONALE FOR REQUIRED CHANGE DATE (Include proposed priority, if known.)		
<b>CCB/PMC/CMB DECISION</b>				
16. DECISION AUTHORITY LEVEL		<input type="checkbox"/> CCB LEVEL ONLY <input type="checkbox"/> PMC or NWS CMB DECISION REQUIRED		
17. CCB LEVEL DECISION		<input type="checkbox"/> APPROVED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVED		
		SIGNATURE  DATE SIGNED		
<b>FOR USE ONLY WHEN PMC or NWS CMB DECISION REQUIRED</b>				
18. PMC OR NWS CMB DECISION		<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED		
		SIGNATURE  DATE SIGNED		



<b>NWS CHANGE FORM PART B</b>		1. ORIGINATOR TRACKING NUMBER	
All RC/ECP submissions must also address the following information. Indicate if any areas are unknown or do not apply. State why information is unknown and when it will be available. Attach extra pages if necessary, referencing each applicable subject.		2. WSH TRACKING NUMBER  NWS 577	
<b>FUNDING INFORMATION</b>			
Estimate costs and indicate known sources of funding. (Include travel time, installation time, administrative time, and software development time when applicable.)		3. SOURCE OF FUNDING	4. TOTAL COST \$
5. DEVELOPMENT COSTS (Estimate development costs)			AMOUNT
6. OPERATIONAL TEST AND EVALUATION COSTS (Estimate test and evaluation costs)			AMOUNT
7. PRODUCTION COSTS (Include acquisition, kit proofing, spares, delivery, and documentation costs)			AMOUNT
8. COMMUNICATIONS SERVICE/CIRCUITS COSTS (Include installation and recurring costs)			AMOUNT
9. IMPLEMENTATION SUPPORT COSTS (Include travel, installation, and administrative costs)		OH	AMOUNT  \$120,000
9A. LIFE CYCLE SUPPORT COSTS (Less communications service/circuits)			AMOUNT
<b>SUPPORTING INFORMATION AND SCHEDULES</b> Provide detailed information needed to implement the requested change.			
10. DEVELOPMENT STATUS/SCHEDULE (Major milestones such as Start, Beta Test, and OT&E)		11. PRODUCTION STATUS/SCHEDULE (Major milestones such as Solicitation, Contract Start Date, Delivery Date, Kit Proofing, etc.)	
12. IMPLEMENTATION/RETROFIT SCHEDULE		13. FACILITY INFORMATION (Attach facility drawings/plans.)	
14. COMMUNICATIONS INSTALLED (Type required, who will order, and associated hardware required; attach Part B, Page 2, if needed.)		15. COMMUNICATIONS SERVICE/CIRCUITS TO BE REMOVED	
16. REQUIRED CLEARANCES, WAIVERS, AND LICENSES (Include person or organization responsible for obtaining each)		17. COORDINATION OF CHANGE WITH OTHER CHANGES	
18. PHYSICAL ITEMS AND DOCUMENTS AFFECTED (Include part, serial, and document numbers. Attach Part B, Page 2, if needed.)		19. STAFF RESOURCE IMPACTS (Skills and workload impact on maintainers, operators, and managers.)	
20. LOGISTICS IMPACTS (Include facilities, maintenance, training, and support equipment impacts.)		21. OPERATIONAL IMPACTS (Include continuity and back up needs and plans.)	
22. ADDITIONAL MAJOR CHANGE ACTIVITIES (Include who will accomplish each of them and staff hours required.)			



<div>NWS CHANGE FORM</div> <div>PART C</div>		1. ORIGINATOR TRACKING NUMBER	
WSH is responsible for Part C, but submitters may complete sections that would help clarify the change requirement or the necessary implementation actions.		2. WSH TRACKING NUMBER	
		NWS 577	
3. CCB COST EVALUATION			
NWS COST \$      FAA COST \$      DOD COST \$      OTHER AGENCY COST \$      TOTAL COST \$			
(SPECIFY)_____			
4. IMPLEMENTATION DOCUMENTS REQUIRED			
<input type="checkbox"/> Engineering Modification Note <input type="checkbox"/> Software Release Notes <input type="checkbox"/> Other Document (Specify)_____			
ADDITIONAL IMPLEMENTATION INSTRUCTIONS (e.g., Implementation schedule, parts shipping instructions, equipment disposal procedures, additional documentation required, and status reporting instructions.) Include documentation, data input, notification vehicle, or specific action step required to verify completion of the implementation activity.			
5. IMPLEMENTATION ACTIVITY REQUIRED		6. REQUIRED COMPLETION DATE	7. RESPONSIBLE PERSON AND OFFICE
8. DOCUMENT OR ACTION REQUIRED TO VERIFY COMPLETION			
TBD			